

Tuberculosis Quality Improvement Matrix

Standard I. Patients receiving evaluation for tuberculosis will be encouraged to be active and knowledgeable participants in their care.		
Practice	Test	Method of Measurement
<p>A. Clients will be counseled, at minimum, on the following concepts at the time that a positive skin test is delivered:</p> <ul style="list-style-type: none"> i. The significance of a positive PPD ii. The difference between latent TB infection and TB disease iii. Symptoms of active tuberculosis iv. The necessity of x-ray and bacteriologic follow-up, as appropriate v. The availability of effective treatment for both LTBI and TB disease vi. A specific action plan for completing recommended x-ray and/or bacteriologic studies and for follow-up communication with the provider regarding test results and plan of care vii. An explanation of any financial costs to client that are anticipated 	<p>Does documentation of the initial encounter include an indication that these items were discussed and/or that educational materials regarding these items were provided to the client?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>
<p>B. Clients will be offered the opportunity to ask and have questions answered to their satisfaction at all encounters.</p>	<p>Does documentation of client encounters indicate that client asked questions, or had no questions?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>
<p>C. If there are unavoidable delays in determining or implementing a plan of care, these will be explained to the client along with an estimation of when care will begin.</p>	<p>If delays are evident in chart, is there evidence that client received communications regarding these?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>
<p>D. Clients will be provided with results of x-ray and laboratory studies at the earliest possible opportunity after the results become available.</p>	<p>Does chart contain documentation of conversations or copies of written correspondence indicating that results were communicated? Was communication within a reasonable time frame after results became available?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>

Practice	Test	Method of Measurement
<p>E. Clients will be counseled, at minimum, on the following concepts at the time that a treatment plan is discussed with them:</p> <ul style="list-style-type: none"> i. The reasons that medication is recommended or is not recommended ii. The anticipated duration of therapy iii. The possible side effects associated with medications prescribed and what to do if they are experienced iv. A explanation of behaviors that will decreased the likelihood of medication side effects v. The need to return for more medication as appropriate vi. Clinic procedures for obtaining medication refills vii. The importance of taking medication at the same time each day and for the duration prescribed 	<p>Does documentation demonstrate that these concepts were covered with client, either in conversation or though the provision of written information?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>
<p>F. Clients will give informed written consent for all treatment received. If treatment is offered and refused, a signed refusal will be obtained whenever possible.</p>	<p>If treatment initiated, does chart contain written consent dated prior to treatment? If treatment refused, does chart contain written refusal, or narrative note by provider about counseling and refusal?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>
<p>G. Clients will receive linguistically appropriate written dismissal documentation when they are discharged from care. This documentation will include, in English, a summary of evaluation results and treatment received. Instructions will be given to the client to save this summary for future reference.</p>	<p>Does chart contain copies of dismissal documentation which fulfills these criteria?</p>	<p>What: Quarterly review of 100% of TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>
<p>H. Clients with active TB will be encouraged to become partners in contact investigation and notification. In cases where the client is uncooperative, the public health manager and health officer will be consulted.</p>	<p>Does chart indicate attempts to involve client in identification and notification of contacts? If client uncooperative, is there evidence that the manager and health officer were consulted?</p>	<p>What: Quarterly review of 100% of active TB charts closed during the previous quarter.</p> <p>Who: Public Health Manager</p>

Standard II. Follow-through is critical to good TB care. Every effort will be made to ensure that evaluation and treatment occur without undue delay, and that clients are given reasonable coaching and assistance to successfully complete their course of treatment.

Practice	Test	Method of Measurement
A. A plan of care will be communicated to the client within 10 working days of the reading of a positive skin test.	Does the chart reflect timely communication of care plan? If not, are there reasonable attempts documented?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
B. Once a plan of care is determined and communicated to client, arrangements will be made for patient to start (or refuse) care at the earliest possible time, but within 10 working days.	Does the chart indicate timely initiation or refusal of treatment after care plan communicated? If not, are reasonable attempts documented?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
C. Special effort will be made to assist clients who are having trouble with compliance get back on track, including assessing reasons behind problems, problem-solving with client, etc. Expert consultation will be sought if cultural barriers are suspected. If compliance problems are severe and/or before a client is dismissed due to noncompliance, consultation will be made with the public health manager and/or health officer.	Does chart reflect appropriate reminders, assessments, and problem-solving if compliance is an issue? If cultural beliefs a concern, was consultation sought? Was there appropriate consultation documented with manager and/or health officer?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
D. Any follow-up studies will be obtained according to the timeline set forward by the health officer in the plan of care.	Does chart reflect timely completion of follow-up studies? If not, does chart document reasons and indicate reasonable attempts at follow-up by provider?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager

Standard III. The confidentiality of patients receiving TB services will be protected.

A. Departmental confidentiality procedures will be observed when releasing client info.	Does documentation reflect that departmental confidentiality procedures were observed?	What: Quarterly review of 100% of active TB charts closed during the previous quarter. Who: Public Health Manager
B. The identity of clients with active TB will be protected whenever feasible in contact investigation. Individuals not identified as being at risk of exposure will not be provided with information regarding client status.	Does documentation of active cases reflect that patient identity was protected when feasible?	What: Quarterly review of 100% of active TB charts closed during the previous quarter. Who: Public Health Manager
C. Any documentation pertaining to client care will be kept in a secure locked location. Any charts containing documentation of positive HIV status will be kept in the manager's locked file.	Are charts stored in a manner consistent with that prescribed?	What: Quarterly daytime and after-hours spot checks for improperly stored records. Who: Public Health Manager

Standard IV. Client care will be documented completely and objectively.
A consistent format will be observed to make the chart maximally accessible to all providers involved in care.

Practice	Test	Method of Measurement
A. Program forms will be used to document client care	Does chart contain only standard forms? Are they completely filled out?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
B. Charts will be assembled in a manner consistent with sample charts provided.	Are chart forms, reports, and correspondence in the proper place?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
C. Copies of all laboratory and x-ray reports will be included in the chart.	Does chart contain copies of all x-ray and lab reports referenced in notes?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
D. All client encounters (in person or via telephone) will be documented with a narrative note, with the exception of routine medication refills in which no issues are raised.	Can progression of client care be easily traced through narrative notes?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
E. Copies of all written correspondence to, from, or regarding client will be kept in the chart.	Does chart contain copies of all correspondence referenced in notes?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
F. All documentation will be written using respectful and objective language, taking care to avoid terms and phrases which are subjective or prejudicial.	Is documentation phrased objectively and non-judgmentally?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
G. All medical interventions will have an accompanying signed, written order by the health officer	Do all non-nursing interventions have a corresponding physician order documented?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
H. Health officer signature on routine plans of care (per protocol) will be dated no more than 5 working days after care is initiated.	Is signature present? Is it dated 5 or less working days from initiation of care?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
I. Health officer co-signature on verbal orders will be dated no more than 5 working days after the order.	Are all orders co-signed? Are they dated 5 or less working days from initiation of care?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager

Practice	Test	Method of Measurement
J. Use of interpreters in providing care will be documented, including interpreter name and role.	Is identity and role of interpreters documented for each interaction?	What: Quarterly review of 100% of TB charts closed during the previous quarter. Who: Public Health Manager
K. All steps of client care will be documented in the TB database, according to procedures outlined in the database manual, on the date that care occurred. Exceptions may be made when mass targeted screenings are done; in this case, data should be entered no later than 3 working days after it is obtained.	Is TB database updated consistently and routinely?	What: Monthly comparison of $\geq 25\%$ of open records in TB database to paper chart. Quarterly review of 100% of database records closed previous quarter Who: Public Health Manager
L. Charts will be stored centrally and kept at staff desks no longer than necessary for documentation to occur.	Are charts consistently available when needed by staff?	What: Log of reported problems with chart availability Who: Public Health Manager
M. A "pending" file will be stored centrally which contains documentation for clients who do not yet have charts while initial evaluation is underway.	Is documentation on evaluations in progress available when needed by staff?	What: Log of reported problems with availability of information collected on patients whose evaluation is in progress Who: Public Health Manager